

**Check List: Please be sure to include the following items.**

- ☐ DSS-SE-408 Application and Agreement for Child Support Services. This document has 4 sections which requires your signature. One of your signatures must be notarized. Sign this section in the presence of a Notary Public.
- ☐ DSS-SE-449 Affidavit of Payments. You must sign this document in the presence of a Notary Public.
- ☐ DSS-SE-481 Financial Statement. You must sign this document in the presence of a Notary Public.
- ☐ DSS-SE-470 Information About the Mother/Father of Your Child.
- ☐ Affidavit in Support of Establishing Paternity. If you have more than one child with this father, a separate sheet is required for each child. You may obtain additional forms from our office. Sections I and II must be completed. You must sign this document in the presence of a Notary Public.
- ☐ Verification of income (wage stubs, tax return)
- ☐ Picture of Father/Mother of child, if applicable
- ☐ \$5 application fee. Fee is waived if you or the child(ren) are receiving TANF or Medicaid. Fee may be paid by cash, money order or by check. Check should be made payable to Division of Child Support.

DCS #: \_\_\_\_\_

FOR OFFICE USE ONLY

Request Date: \_\_\_\_\_

Date 408 Sent: \_\_\_\_\_

Date 408 Received: \_\_\_\_\_

## APPLICATION AND AGREEMENT FOR CHILD SUPPORT SERVICES

***Please print or type your answers.*** Read all instructions carefully and answer each question as completely as possible. Failure to answer each question may delay processing of the application. Sign and mail completed application with appropriate attachments and the \$5.00 application fee to your nearest Division of Child Support (DCS) office or to the DCS office handling the county in which your child support order was entered in.

If you are unable to understand or complete this form, or need assistance in completing this form, please contact any DCS office for help. *Incomplete applications will be returned.*

### Confidentiality/Interpreter Needs

Federal and State laws and regulations limit the use and disclosure of confidential information about applicants and recipients of Child Support services.

Do you need interpreter services? ☐ Yes ☐ No

If yes, specify what type of service you require (language type, sign, etc.) \_\_\_\_\_

(Interpreter services are provided free of charge.)

### Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, the Department of Social Services is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202)720-5964 (voice or TDD). Write HHS, Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

### Social Security Numbers

Social Security Numbers are used by the Division of Child Support to locate individuals for purposes of establishing paternity, modifying, and enforcing child support obligations. See 42 U.S.C. § 666(a)(13). If you do not have a Social Security number or the noncustodial parent's Social Security number is unknown, the DCS will not deny your application.

### Race/Ethnicity

Race/Ethnicity is an optional requirement. However, race/ethnicity may be used to aid in determining parentage and allows the DCS to determine whether or not the DCS has jurisdiction over a noncustodial parent who may be Native American residing on reservation/trust land.

|   |   |   |   |
|---|---|---|---|
| First Name  | Middle Name   | Last Name   | Home Telephone Number<br>(include area code)  |
| Residential Address (Street, City, State, Zip Code)   |   |   | Maiden Name   |
| Mailing Address (if different than above) (Street, City, State, Zip Code)   |   |   | Place of Birth (City, State)  |
| Employer Name and Address   |   |   | Employer Telephone Number<br>(include area code)<br><br>May we contact you at work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, best time to contact you:  |
| Date of Birth<br>____/____/____<br>Social Security Number (if available)<br>____/____/____<br>Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   | <u>Ethnicity (Optional):</u><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><u>Select one or more Race (Optional):</u><br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other |   | Have you received TANF in another state?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list the state(s).<br><br>Have you received child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list the state(s).<br><br>Do you have an open child support case in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list the state(s). |
| Do you currently have an attorney or agency representing you on any matter related to the noncustodial parent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Does the attorney or agency know you are requesting DCS assistance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If yes, name and address of attorney or agency:<br>Name: _____<br><br>Address: _____<br><br>City, State, Zip: _____ |   |
| Please provide the following information about a close friend or relative who will always be able to get in touch with you if we are unable to reach you.<br>Name: _____ Relationship: _____<br><br>Address: _____<br><div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Telephone Number (include area code): _____ |   |   |   |

## INFORMATION ABOUT YOUR CHILD(REN)

List the full name and complete the following information for each child who lives with you and for whom you are seeking support from the noncustodial parent. **Please use the child's name as listed on birth certificate.**

|   |   |   |   |
|---|---|---|---|
| <p>_____<br/>First Name</p> <p>_____<br/>Middle Name</p> <p>_____<br/>Last Name</p> | <p>Sex<br/><input type="checkbox"/> Male<br/><input type="checkbox"/> Female</p> <p>Date of Birth<br/>____ / ____ / ____</p> <p>Social Security Number<br/>(if available)<br/>____ - ____ - ____</p> <p>Place of Birth (City/State)<br/>_____</p> | <p><u>Ethnicity (Optional):</u><br/> <input type="checkbox"/> Hispanic or Latino<br/> <input type="checkbox"/> Not Hispanic or Latino<br/> <u>Select one or more Race</u><br/> <u>(Optional):</u><br/> <input type="checkbox"/> American Indian or Alaska Native<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> Black or African American<br/> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br/> <input type="checkbox"/> White<br/> <input type="checkbox"/> Other         </p> | <p>Was child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Your relationship to child:<br/> <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p> <p>Does the child reside in your household?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain: _____</p> |
| <p>_____<br/>First Name</p> <p>_____<br/>Middle Name</p> <p>_____<br/>Last Name</p> | <p>Sex<br/><input type="checkbox"/> Male<br/><input type="checkbox"/> Female</p> <p>Date of Birth<br/>____ / ____ / ____</p> <p>Social Security Number<br/>(if available)<br/>____ - ____ - ____</p> <p>Place of Birth (City/State)<br/>_____</p> | <p><u>Ethnicity (Optional):</u><br/> <input type="checkbox"/> Hispanic or Latino<br/> <input type="checkbox"/> Not Hispanic or Latino<br/> <u>Select one or more Race</u><br/> <u>(Optional):</u><br/> <input type="checkbox"/> American Indian or Alaska Native<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> Black or African American<br/> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br/> <input type="checkbox"/> White<br/> <input type="checkbox"/> Other         </p> | <p>Was child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Your relationship to child:<br/> <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p> <p>Does the child reside in your household?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain: _____</p> |
| <p>_____<br/>First Name</p> <p>_____<br/>Middle Name</p> <p>_____<br/>Last Name</p> | <p>Sex<br/><input type="checkbox"/> Male<br/><input type="checkbox"/> Female</p> <p>Date of Birth<br/>____ / ____ / ____</p> <p>Social Security Number<br/>(if available)<br/>____ - ____ - ____</p> <p>Place of Birth (City/State)<br/>_____</p> | <p><u>Ethnicity (Optional):</u><br/> <input type="checkbox"/> Hispanic or Latino<br/> <input type="checkbox"/> Not Hispanic or Latino<br/> <u>Select one or more Race</u><br/> <u>(Optional):</u><br/> <input type="checkbox"/> American Indian or Alaska Native<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> Black or African American<br/> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br/> <input type="checkbox"/> White<br/> <input type="checkbox"/> Other         </p> | <p>Was child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Your relationship to child:<br/> <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p> <p>Does the child reside in your household?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain: _____</p> |
| <p>_____<br/>First Name</p> <p>_____<br/>Middle Name</p> <p>_____<br/>Last Name</p> | <p>Sex<br/><input type="checkbox"/> Male<br/><input type="checkbox"/> Female</p> <p>Date of Birth<br/>____ / ____ / ____</p> <p>Social Security Number<br/>(if available)<br/>____ - ____ - ____</p> <p>Place of Birth (City/State)<br/>_____</p> | <p><u>Ethnicity (Optional):</u><br/> <input type="checkbox"/> Hispanic or Latino<br/> <input type="checkbox"/> Not Hispanic or Latino<br/> <u>Select one or more Race</u><br/> <u>(Optional):</u><br/> <input type="checkbox"/> American Indian or Alaska Native<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> Black or African American<br/> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br/> <input type="checkbox"/> White<br/> <input type="checkbox"/> Other         </p> | <p>Was child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Your relationship to child:<br/> <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p> <p>Does the child reside in your household?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain: _____</p> |

## NONCUSTODIAL PARENT INFORMATION

|  |   |  |   |
|--|---|--|---|
| First Name   | Middle Name   | Last Name  | Home Telephone Number<br>(include area code)  |
| Residential Address (Street, City, State, Zip Code)  |   |  |   |
| Mailing Address (if different than above) (Street, City, State, Zip Code)  |   |  | Is the address current?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, address was current as of<br>(month/day/year) |
| If Address is Unknown, list states the noncustodial parent has lived in:   |   |  |   |
| Date of Birth<br>____ / ____ / ____<br><br>If date of birth unknown, please provide approximate age:<br>_____<br><br>Social Security Number (if available)<br>____ / ____ / ____<br>_____<br><br>Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female                         | <u>Ethnicity (Optional):</u><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><u>Select one or more Race (Optional):</u><br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other | Is he/she in the Military Service?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, what branch? _____<br>National Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Does he/she receive any monthly benefits?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, explain: |   |
| Place of Birth:  | Height:   | Weight:  |   |
| Eye Color:   | Hair Color:   | Any distinguishing features:   |   |
| What are the name/addresses of the parents of the noncustodial parent?   |   | Name/Address/Telephone Number of friends that may know his/her address:  |   |
| Mother's Maiden Name (important when SSN unknown):   |   | Does he/she pay child support in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list the state(s).  |   |
| Name and address of current or past employer:  |   | Employer Telephone Number<br>(include area code)<br><br>Is this a current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, when did he/she last work there?  |   |
| What is his/her usual occupation?  |   | Name and Address of Financial Institution of noncustodial parent:<br><br><br>Account Number:   |   |
| Sources of Income: List monthly amounts, if any, by each:<br>Self-employment: \$                      Rental: \$<br>Social Security: \$                          Unemployment: \$<br>Veteran's Benefits: \$                      Retirement Benefits: \$<br>Workers' Compensation: \$<br>SSI: \$ |   | Other Income (explain):  |   |

## HEALTH INSURANCE INFORMATION

Do any of the child(ren) receive medical assistance (Medicaid or T19) or CHIP? ☐ Yes ☐ No

If yes, please list those child(ren): \_\_\_\_\_

Please list the child(ren) which have private health insurance coverage or Indian Health Service (IHS) coverage:

| Name of Child Covered | Insurance Coverage<br>Start Date      End Date | Name and Address of Insurance Co | Policy/Group #<br>Insurance Type   | Name of Policy Holder |
|-----------------------|--|----------------------------------|--|-----------------------|
| _____                 | ___/___/___    ___/___/___                     |                                  | # _____<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Dental<br><input type="checkbox"/> Vision<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Other |                       |
| _____                 | ___/___/___    ___/___/___                     |                                  |  |                       |
| _____                 | ___/___/___    ___/___/___                     |                                  |  |                       |
| _____                 | ___/___/___    ___/___/___                     |                                  |  |                       |

Monthly Cost for the Insurance: \$ \_\_\_\_\_ Total Number of persons covered under this policy: \_\_\_\_\_

## INFORMATION ABOUT YOUR LEGAL STATUS WITH THE NONCUSTODIAL PARENT

What is your current relationship with the noncustodial parent?

☐ Never Married ☐ Divorced ☐ Legally Separated ☐ Separated without legal document

Date married to the noncustodial parent: \_\_\_\_\_ Place of Marriage (City/State): \_\_\_\_\_

**Has a court ever issued an order adjudicating or establishing:**

**1. Paternity:** ☐ Yes ☐ No

If yes, date of order: \_\_\_\_\_

Docket number: \_\_\_\_\_

County and State order entered in: \_\_\_\_\_

**2. Custody:** ☐ Yes ☐ No

If yes, date of order: \_\_\_\_\_

Docket number: \_\_\_\_\_

County and State order entered in: \_\_\_\_\_

**3. Payment of Child Support:** ☐ Yes ☐ No

If yes, date of order: \_\_\_\_\_

Docket number: \_\_\_\_\_

County and State order entered in: \_\_\_\_\_

How are payments ordered to be made? \_\_\_\_\_

Has the noncustodial parent missed any payments? ☐ Yes ☐ No

**If yes, complete the attached affidavit of arrears.**

**You must complete a Financial Statement (SE481) and prior period support affidavit (SE449) if no order for child support.**

**You must provide a copy of all orders relating to paternity, custody and child support.**

## REQUESTED SERVICES

Please indicate the service or services you are requesting from DCS:

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <div>Establish paternity and a support order for a child who was not born during the marriage of the mother and father.<br/>(Complete a paternity questionnaire if you and the noncustodial parent have not signed an acknowledgement of paternity or paternity affidavit or genetic testing has not been completed. If you are currently not providing health insurance coverage, DCS may enter an order requiring the noncustodial parent to obtain health insurance if it is available through their employment.)</div> <div style="margin-top: 10px;">If you checked YES, do you want prior period support beginning with the date of separation or child's birth date, whichever is later (limited to 3 years)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list appropriate date:</div> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <div>Establish a child support order.<br/>(If you are currently not providing health insurance coverage, DCS may enter an order requiring the noncustodial parent to obtain health insurance if it is available through their employment.)</div> <div style="margin-top: 10px;">If you checked YES, do you want prior period support beginning with the date of separation (limited to 3 years)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the date of separation:</div>   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Enforcement of a child support order.  |

**UNDER THE PENALTY OF PERJURY I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Applicant's Signature/Date

## ELECTRONIC DISBURSEMENT OF CHILD SUPPORT PAYMENTS

The Division of Child Support (DCS) is the central payment processing center for the State of South Dakota for child support payments. To meet federal requirements to disburse as reliably, efficiently and cost-effectively as possible, the DCS will now be sending payments electronically.

Enclosed for your convenience is the brochure regarding Direct Deposit and the ReliaCard Visa, an electronic payment card. The Direct Deposit Enrollment Form is included in the brochure. **If you do not complete and return the Direct Deposit Enrollment Form with your application, the DCS will notify U.S. Bank to issue you a ReliaCard.** When you receive the ReliaCard Visa, you will receive information on how to use the card for ATM withdrawals, point of sale purchases, cash back options, and other available transactions.

The DCS will allow you to be exempt from enrolling in Direct Deposit or receiving a ReliaCard Visa, if you meet certain conditions. The Request for Exemption is included in the brochure and must be completed and returned to our office with the required documentation. The DCS will review your exemption request and notify you of our decision.

NOTE: If you do not have a child support order, you are not required to enroll in Direct Deposit or the ReliaCard Visa at this time. Once a child support order has been entered, the DCS will send you the appropriate documents so you can either enroll in Direct Deposit or the ReliaCard Visa.

## AGREEMENT FOR CHILD SUPPORT SERVICES

This is an Agreement between you and the South Dakota Department of Social Services, Division of Child Support (DCS) for child support services. It is important that you read the entire Agreement carefully and sign in all four places where your signature is required without altering the agreement.

When you sign the Agreement, complete the application and pay the \$5.00 application fee for services, DCS will provide child support services to you in accordance with both the law and our policies. The application fee is waived if any of the children are

receiving medical assistance or CHIP. Depending on your circumstances and the amount of information you provide, DCS may be able to help you:

- Locate the noncustodial parent.
- Establish paternity if the child was not born during the marriage of the mother and father.
- Establish a child support order. In the process, DCS will ask that the noncustodial parent maintain a health insurance policy for the children if you do not have adequate health insurance.
- Collect child support payments and distribute as required by law.
- Enforce an existing child support order.

If court ordered child support payments are delinquent, the DCS will take steps to obtain or restore regular payments. These steps may include:

- Contacting or billing the noncustodial parent;
- Requiring the noncustodial parent's employer to implement an order for withholding of income;
- Referring that parent's name to credit reporting agencies;
- Certifying arrearages to the US Treasury for possible offset of IRS refunds or certain federal payments;
- Requesting another state for assistance in enforcement of the order;
- Referral to a prosecutor for court enforcement; or
- Restriction or revocation of that parent's drivers, professional, hunting and fishing licenses.

Once we accept your case, the DCS will evaluate your circumstances and then proceed based on that evaluation. **Generally, we will not provide advance notice to you of each step we take.** Therefore, you must keep us informed of the status of your case. This means that you must give us prior notice **before** entering into any agreement, waiver, stipulation or modification that would affect your child support and you must provide us with copies of these papers.

You must notify us when you move or change your phone number (at work or at home) so we will be able to reach you without delay. You must notify the DCS when a dependent child has a change in school status or leaves your home, if parental rights are terminated, of step-parent adoptions or any other action affecting child support. You must cooperate with DCS and always provide accurate information to the best of your ability.

If it is necessary to bring the noncustodial parent into court, you may be required to sign certain documents and you may be required to testify in court. You must refrain from personally contacting the noncustodial parent's employer.

**Please call the DCS office for an appointment if you wish to see your child support investigator.**

**DCS cannot:**

- Get involved in visitation, custody or property settlement issues, whether in a divorce action or any other legal proceeding.
- Provide child support services directly to you if you are a child seeking support from your parents. Your legal guardian or custodian, however, may seek assistance from us on your behalf.

## **OTHER CONSIDERATIONS**

DCS will use reasonable efforts to obtain child support for you. Unfortunately, we cannot predict how long that will take or guarantee that we will be successful. We will work to ensure that you receive all the support that is legally owed to you. If we send you a payment in error, it is your responsibility to repay the amount that we paid to you incorrectly, and that the DCS may adjust future payments to you as a means of recouping the payment.

The DCS does not have jurisdiction over Native Americans residing on Indian reservations or trust land. Therefore, if the noncustodial parent is Native American and resides on Indian land, the DCS may not be able to establish paternity or a support obligation. If there is a court order for support, the DCS may only be able to provide limited enforcement services.

The DCS monitors delinquent child support payments at the end of the month. If the support order requires the noncustodial parent to pay on a specific day of the month, it will be very difficult to monitor. Under wage withholding, the payments are made when the employer does payroll. Payments range from weekly to monthly. Often times the payment must go through the clerk of courts or other states before the actual payment is received in the Child Support Payment Center. Some states recover costs incurred for the child support services. If your case is referred to another state, the responding state may assess fees or may withhold fees from the support collected, including IRS tax offset moneys.

A DCS attorney represents the Department of Social Services, Division of Child Support (DCS). If the DCS assigns an attorney to your case, the attorney will attempt to enforce your interests in establishing and collecting child support, as well as those of the



Department of Social Services. An attorney/client relationship is not created between yourself and the DCS attorney. You should be aware that a violation of public assistance laws which comes to the attention of the DCS, including its attorneys, is not protected from disclosure and may be reported for investigation and prosecution.

## **ADMINISTRATIVE COMPLAINT PROCEDURES**

A recipient of DCS services is entitled to an administrative review of a complaint where there is evidence that an error has occurred or an action should be taken on their case. To obtain a review, a recipient may contact the assigned DCS investigator with the complaint in an attempt to informally resolve the same.

A recipient may also submit a written complaint to the DCS specifying the nature of the complaint and the action requested to be taken by the DCS. Upon receipt of the written complaint, the DCS shall conduct a review of the complaint and, if appropriate, take necessary corrective action. The DCS shall advise the recipient either orally or in writing of any action taken to resolve the complaint.

A recipient is also entitled to request a fair hearing as allowed by law.

## **PROTECTING YOUR PRIVACY**

DCS protects the safety and privacy of its customers to the extent permitted by law. Sometimes in handling a case, it is necessary to provide information from a case file to other agencies or persons who work cooperatively with us (attorneys, court personnel, other states child support enforcement agencies, genetic testing laboratories), but this is only done for the purpose of and to the extent necessary to provide child support enforcement services to you. Confidentiality and privacy of personal information are protected under state and federal laws and regulations. Agreements between DCS and other agencies govern our sharing of information and require adherence to the confidentiality and privacy laws.

**PROTECTION ORDERS:** The DCS is prohibited from releasing information on the whereabouts of one party to another party when a protection order has been entered by the court. If you have a protection order in place, please provide a copy with this application. If you obtain a protection order in the future, you must notify the DCS at that time.

**SOCIAL SECURITY NUMBER:** When we provide services to you, we must use your Social Security number and the Social Security number of your children. Therefore, you should understand that by signing this Agreement, you are authorizing the use of Social Security numbers as an identifier for all child support purposes.

**YOUR RIGHT TO WITHDRAW FROM THIS AGREEMENT:** You may terminate from this Agreement and close your case at any time. If you wish to terminate, notify the DCS in writing. However, if you are also receiving Child Care Services through the Department of Social Services, your child care benefits may be terminated for failure to cooperate with the DCS.

## **OUR RIGHT TO WITHDRAW FROM THIS AGREEMENT**

The DCS may also terminate this Agreement and close your case. We will immediately do so if you apply for child support services or public assistance in another state. The DCS will provide a Notice of Intent to Terminate Services for the following reasons:

- Current support is no longer due and/or arrearages are under \$500 or unenforceable under state law.
- The noncustodial parent is deceased and no further action can be taken.
- Paternity cannot be established as the child is 18 or genetic tests excluded the alleged father.
- The DCS has determined that further efforts are not in the best interest of the child.
- The DCS has not been able to locate the noncustodial parent over a period of 3 years or 1 year if there is not sufficient information to initiate an automated locate effort.
- Support cannot be collected due to long incarceration or institutionalization.
- The noncustodial parent is in a foreign country and we have no jurisdiction.
- The DCS has documented that you have not cooperated with the DCS.
- The DCS has been unable to contact you within 60 calendar days despite an attempt of at least one letter sent by first class mail to the last known address.

**You are required to forward all child support payments to DCS immediately for proper accounting of payments.** If you fail to notify us, we may incorrectly assume that the parent is delinquent in support payments. Failing to forward child support payments to the DCS **shall** result in termination of this agreement. If the noncustodial parent's child support check is returned insufficient funds or no account, I authorize DCS to retain future support payments until the DCS recovers the amount of the check.

Approved by applicant: \_\_\_\_\_  
Signature Date

### **CONFLICTING INTERESTS**

State and Federal law, as well as policies and procedures adopted by the DCS, govern all of the child support enforcement services that we offer. This means that the DCS has to decide what services may be available and best suited to your case. In some situations, these laws and procedures may mean that we handle your case in a different way than you would like. For example, the DCS will include your case in computer-based enforcement activities such as credit bureau reporting and federal tax refund intercept if it meets the eligibility criteria. We cannot guarantee that a specific service, such as filing a contempt action, will be initiated even though you may request it.

Further, there may be more than one legal claim on a noncustodial parent's support payments. If you are not currently receiving public assistance, but have received public assistance in the past, current support payments will go to you. However, any money collected that is more than your current support payments may first go to pay any arrears due the Department of Social Services. This is true even if you are also owed back support. If the noncustodial parent must provide support for children in more than one household, the DCS is required to consider the interests of all the children.

If the DCS becomes aware of conflicting interests in your case, we will notify you and try to resolve the issues. If the issues cannot be worked out satisfactorily, the DCS will be unable to provide services to you and the Agreement will be terminated.

**I have read and understand this Agreement. I have received the Child Support Handbook. I agree to abide by all of the terms and conditions as stated.**

\_\_\_\_\_  
Signature Date

### **LIMITED POWER OF ATTORNEY**

When we are providing services to you, we must have the authority to sign papers, act on your behalf, cash checks from the noncustodial parent and send that money to you. For the DCS to take these steps, we need your authorization, commonly referred to as a Limited Power of Attorney. Without this authority, we cannot work on your case effectively. Please sign below, indicating that you grant the DCS a Limited Power of Attorney.

I \_\_\_\_\_ hereby grant the DCS a Limited Power of Attorney to act for me and in my name. This power includes the authority to sign papers and receive and endorse any and all cash, checks, money orders, or bank drafts representing child support payments made on my behalf from the noncustodial parent \_\_\_\_\_ on behalf of my child(ren): \_\_\_\_\_.

\_\_\_\_\_  
**Your Signature**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

(SEAL)

DSS-SE-449 (02/05)  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF CHILD SUPPORT  
DCS #: \_\_\_\_\_

I, \_\_\_\_\_ DO ( ) DO NOT ( ) request recovery of support owed to me during the time I was not receiving TANF from the State of South Dakota or from any other state.

Reason for not desiring support:

\_\_\_\_\_  
\_\_\_\_\_

Child Support is due and owing to me from the period of \_\_\_\_\_ (date of birth of child or date of separation from noncustodial parent, which ever is later) to and including \_\_\_\_\_. Child Support is not due and owing from the noncustodial parent during the months he resided in the same household as the child(ren).

PLEASE LIST THE PAYMENTS RECEIVED FROM THE NONCUSTODIAL PARENT BELOW:

|                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|
| YEAR:              | YEAR:              | YEAR:              | YEAR:              |
| JAN:               | JAN:               | JAN:               | JAN:               |
| FEB:               | FEB:               | FEB:               | FEB:               |
| MAR:               | MAR:               | MAR:               | MAR:               |
| APR:               | APR:               | APR:               | APR:               |
| MAY:               | MAY:               | MAY:               | MAY:               |
| JUN:               | JUN:               | JUN:               | JUN:               |
| JUL:               | JUL:               | JUL:               | JUL:               |
| AUG:               | AUG:               | AUG:               | AUG:               |
| SEP:               | SEP:               | SEP:               | SEP:               |
| OCT:               | OCT:               | OCT:               | OCT:               |
| NOV:               | NOV:               | NOV:               | NOV:               |
| DEC:               | DEC:               | DEC:               | DEC:               |
| TOTAL<br>PAYMENTS: | TOTAL<br>PAYMENTS: | TOTAL<br>PAYMENTS: | TOTAL<br>PAYMENTS: |

\_\_\_\_\_  
Signature of Plaintiff

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

SEAL

Please answer every question or state not applicable if the question does not pertain to your financial situation. If you need more space to answer a question, please attach additional sheets if necessary to fully answer any item. Be sure to attach a copy of your most recent Federal Income Tax Return, your most recent paycheck stub, and have the financial statement notarized and return after completion.

### PERSONAL INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

PHONE: HOME ( ) \_\_\_\_\_

WORK ( ) \_\_\_\_\_

CURRENT MARITAL STATUS: \_\_\_\_\_

BANK NAME \_\_\_\_\_

CHECKING ACCOUNT #: \_\_\_\_\_

ADDRESS \_\_\_\_\_

SAVINGS ACCOUNT #: \_\_\_\_\_

OTHER \_\_\_\_\_

### EMPLOYMENT INFORMATION

EMPLOYER: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

TO: \_\_\_\_\_

EMPLOYER'S PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

RATE OF PAY: \$ \_\_\_\_\_ PER \_\_\_\_\_ HOURS WORKED PER WEEK: \_\_\_\_\_ TIPS: \$ \_\_\_\_\_ PER \_\_\_\_\_

### GROSS MONTHLY INCOME

1. \$ \_\_\_\_\_ Salary, Wages, Tips, Commissions, Bonus or Other Designations
2. \$ \_\_\_\_\_ Gain or profit from a business or profession (self-employment)
3. \$ \_\_\_\_\_ Pension, retirement, disability, veterans, social security or insurance payments
4. \$ \_\_\_\_\_ Interest, dividends, rentals, royalties or other gain
5. \$ \_\_\_\_\_ Gain from sale, trade or conversion of capital assets
6. \$ \_\_\_\_\_ Unemployment insurance and workers compensation benefits
7. \$ \_\_\_\_\_ Benefit in lieu of compensation including, but not limited to, military pay allowances.
8. \$ \_\_\_\_\_ Other income (including Spousal Support received). Explain \_\_\_\_\_
9. \$ \_\_\_\_\_ **TOTAL GROSS MONTHLY INCOME** (add lines 1 through 8).

### ALLOWABLE DEDUCTIONS

10. \$ \_\_\_\_\_ Income tax based on one withholding allowance for a single taxpayer (NOT actual number of dependents)
11. \$ \_\_\_\_\_ Social Security and Medicare taxes withheld from wages or salary
12. \$ \_\_\_\_\_ Contributions to an IRS qualified retirement plan not exceeding 10% of gross income
13. \$ \_\_\_\_\_ Unreimbursed employee business expenses (Attach IRS form 2106)
14. \$ \_\_\_\_\_ Payments made on support orders OTHER THAN FOR THE CHILDREN IN QUESTION IN THIS PROCEEDING (Attach court order & evidence of payments)
15. \$ \_\_\_\_\_ Payments made for Spousal Support
16. \$ \_\_\_\_\_ **TOTAL DEDUCTIONS** (add lines 10 through 15)

17. \$ \_\_\_\_\_ **NET MONTHLY INCOME** (Line 9 minus line 16)

## HEALTH INSURANCE INFORMATION

Do you have health insurance available for dependents through your employer? \_\_\_\_\_

If you provide medical or dental insurance for your child(ren) please complete the following:

Name of the Health and/or Dental Insurance Company: \_\_\_\_\_

Address of the Health and/or Dental Insurance Company: \_\_\_\_\_

Policy Number of the policy: \_\_\_\_\_ Total monthly cost for the insurance: \_\_\_\_\_

Persons covered under the policy of insurance: \_\_\_\_\_

If you can identify the exact amount of the premium each month that is solely for the child(ren) in this matter, please specify that amount. \$ \_\_\_\_\_

**Please attach to this page a copy of any health insurance or dental insurance cards that provide coverage to the child(ren).**

## ASSET INFORMATION

List assets, value and location including but not limited to vehicles, boats, hunting/fishing gear, sporting goods, real estate, depository accounts (with name, address, and account number of each), cash value of insurance policies, jewelry, securities, and any other property of any kind. If any property has a balance owed against it, list the full value of property in the Market Value column. List the debt or balance owed separately.

| Description & Location of Item | Market Value | Debt/Balance Owed |
|--------------------------------|--------------|-------------------|
| _____                          | _____        | _____             |
| _____                          | _____        | _____             |
| _____                          | _____        | _____             |
| _____                          | _____        | _____             |
| _____                          | _____        | _____             |

STATE OF SOUTH DAKOTA )

)

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_, being first duly sworn, on oath, deposes and says that he/she is the above named parent who completed this financial statement, that he/she has read the foregoing financial statement and knows the contents thereof, and that to the best of his/her knowledge, information, and belief found after reasonable inquiry it is true and correct.

\_\_\_\_\_  
Signature of parent above named

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, South Dakota

\_\_\_\_\_  
My commission expires

**Federal Income Tax Table**  
**For Single Persons with 1 Withholding Allowance**  
**For Wages Paid in 2006**

If the wages are:

| At Least | But Less Than | Amount of Income Tax to Withhold |
|----------|---------------|----------------------------------|
| \$0      | 500           | 0                                |
| 500      | 520           | 1                                |
| 520      | 540           | 3                                |
| 540      | 560           | 5                                |
| 560      | 580           | 7                                |
| 580      | 600           | 9                                |
| 600      | 640           | 12                               |
| 640      | 680           | 16                               |
| 680      | 720           | 20                               |
| 720      | 760           | 24                               |
| 760      | 800           | 28                               |
| 800      | 840           | 32                               |
| 840      | 880           | 36                               |
| 880      | 920           | 40                               |
| 920      | 960           | 44                               |
| 960      | 1000          | 48                               |
| 1000     | 1040          | 52                               |
| 1040     | 1080          | 56                               |
| 1080     | 1120          | 60                               |
| 1120     | 1160          | 66                               |
| 1160     | 1200          | 72                               |
| 1200     | 1240          | 78                               |
| 1240     | 1280          | 84                               |
| 1280     | 1320          | 90                               |
| 1320     | 1360          | 96                               |
| 1360     | 1400          | 102                              |
| 1400     | 1440          | 108                              |
| 1440     | 1480          | 114                              |
| 1480     | 1520          | 120                              |
| 1520     | 1560          | 126                              |
| 1560     | 1600          | 132                              |
| 1600     | 1640          | 138                              |
| 1640     | 1680          | 144                              |
| 1680     | 1720          | 150                              |
| 1720     | 1760          | 156                              |
| 1760     | 1800          | 162                              |
| 1800     | 1840          | 168                              |

If the wages are:

| At Least | But Less Than | Amount of Income Tax to Withhold |
|----------|---------------|----------------------------------|
| 1840     | 1880          | 174                              |
| 1880     | 1920          | 180                              |
| 1920     | 1960          | 186                              |
| 1960     | 2000          | 192                              |
| 2000     | 2040          | 198                              |
| 2040     | 2080          | 204                              |
| 2080     | 2120          | 210                              |
| 2120     | 2160          | 216                              |
| 2160     | 2200          | 222                              |
| 2200     | 2240          | 228                              |
| 2240     | 2280          | 234                              |
| 2280     | 2320          | 240                              |
| 2320     | 2360          | 246                              |
| 2360     | 2400          | 252                              |
| 2400     | 2440          | 258                              |
| 2440     | 2480          | 264                              |
| 2480     | 2520          | 270                              |
| 2520     | 2560          | 276                              |
| 2560     | 2600          | 282                              |
| 2600     | 2640          | 288                              |
| 2640     | 2680          | 294                              |
| 2680     | 2720          | 300                              |
| 2720     | 2760          | 306                              |
| 2760     | 2800          | 312                              |
| 2800     | 2840          | 318                              |
| 2840     | 2880          | 324                              |
| 2880     | 2920          | 330                              |
| 2920     | 2960          | 336                              |
| 2960     | 3000          | 344                              |
| 3000     | 3040          | 354                              |
| 3040     | 3080          | 364                              |
| 3080     | 3120          | 374                              |
| 3120     | 3160          | 384                              |
| 3160     | 3200          | 394                              |
| 3200     | 3240          | 404                              |
| 3240     | 3280          | 414                              |
| 3280     | 3320          | 424                              |

If the wages are:

| At Least | But Less Than | Amount of Income Tax to Withhold |
|----------|---------------|----------------------------------|
| 3320     | 3360          | 434                              |
| 3360     | 3400          | 444                              |
| 3400     | 3440          | 454                              |
| 3440     | 3480          | 464                              |
| 3480     | 3520          | 474                              |
| 3520     | 3560          | 484                              |
| 3560     | 3600          | 494                              |
| 3600     | 3640          | 504                              |
| 3640     | 3680          | 514                              |
| 3680     | 3720          | 524                              |
| 3720     | 3760          | 534                              |
| 3760     | 3800          | 544                              |
| 3800     | 3840          | 554                              |
| 3840     | 3880          | 564                              |
| 3880     | 3920          | 574                              |
| 3920     | 3960          | 584                              |
| 3960     | 4000          | 594                              |
| 4000     | 4040          | 604                              |
| 4040     | 4080          | 614                              |
| 4080     | 4120          | 624                              |
| 4120     | 4160          | 634                              |
| 4160     | 4200          | 644                              |
| 4200     | 4240          | 654                              |
| 4240     | 4280          | 664                              |
| 4280     | 4320          | 674                              |
| 4320     | 4360          | 684                              |
| 4360     | 4400          | 694                              |
| 4400     | 4440          | 704                              |
| 4440     | 4480          | 714                              |
| 4480     | 4520          | 724                              |
| 4520     | 4560          | 734                              |
| 4560     | 4600          | 744                              |
| 4600     | 4640          | 754                              |
| 4640     | 4680          | 764                              |
| 4680     | 4720          | 774                              |
| 4720     | 4760          | 784                              |
| 4760     | 4800          | 794                              |

DSS-SE-470 (07/2006)  
DIVISION OF CHILD SUPPORT

Dear Custodial Parent:

This questionnaire is a starting point for a paternity action, a proceeding commenced in state court to legally establish the father of the child. If you and the alleged father have signed a Paternity Affidavit after July 1, 1994, or if a court order has been entered which establishes the legal paternity of the child, you must provide a copy to the Division of Child Support (DCS). Genetic test results of 99% or higher creates a legal presumption of paternity. If you provide the DCS genetic testing results, a copy of a paternity affidavit signed by the parents after July 1, 1994, or a court order establishing paternity, you will not have to complete this questionnaire. Please contact DCS immediately. The DCS will proceed with establishment and enforcement of an order for support.

This Paternity Questionnaire is confidential and is used by the DCS to assist in the location of the alleged father and in making an accurate assessment of the paternity allegation. Once paternity is legally established, the child gains the right to financial support, medical benefits, medical information, inheritance, social security and possibly veteran's benefits. The child also has a chance to develop a relationship with the father.

This Questionnaire is in two parts. The first part names the alleged father and provides information to assist the DCS in locating him. The second part is the AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY. You must complete Section One (I), Two (II) and Four (IV) of the Affidavit. **The affidavit must be signed before a Notary Public.** The DCS can provide a Notary Public to you. Please send a copy of the child's birth certificate to this office.

**Please answer every question or write 'unknown' if you do not know the answer. Failure to accurately complete this Paternity Questionnaire and return all documents to this office may result in you being ineligible for TANF or other Department of Social Services benefits.**

If you have any questions, please contact the child support office nearest you. Thank you.

## INFORMATION ABOUT THE FATHER OF YOUR CHILD

1. Name: \_\_\_\_\_  
First Middle Last  
Nicknames or other names he may use: \_\_\_\_\_
2. Last Known Address: \_\_\_\_\_  
Are you certain he lives at this address? ☐ Yes ☐ No  
Other address where he might be staying: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
4. List states father has resided: \_\_\_\_\_
5. His date of birth: \_\_\_\_\_ Approximate age: \_\_\_\_\_
6. City, State of birth: \_\_\_\_\_
7. Social Security Number: \_\_\_\_\_
8. List any distinguishing features such as a disability, tattoo, scars, etc. \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Race: \_\_\_\_\_
9. Last known employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation? \_\_\_\_\_ Hourly Wage? \_\_\_\_\_
10. Was he ever in the service? ☐ Yes ☐ No ☐ Unknown  
If yes, what branch? \_\_\_\_\_ National Guards? ☐ Yes ☐ No ☐ Unknown
11. Does he receive any Social Security, SSI, Veteran's or other benefits? ☐ Yes ☐ No ☐ Unknown  
Explain: \_\_\_\_\_
12. Names and address of his parents: \_\_\_\_\_  
\_\_\_\_\_  
His mother's maiden name (Important when SSN unknown): \_\_\_\_\_

## ADDITIONAL INFORMATION

1. Where did you meet the father? \_\_\_\_\_  
Place City State
2. When did you meet him? \_\_\_\_\_
3. Has the father signed any papers admitting paternity? ☐ Yes ☐ No
4. Do you have any photographs of the father or the father with the child? ☐ Yes ☐ No  
(If yes, please provide a copy.)
5. Did he write any letters to you or others in which he mentioned your child? ☐ Yes ☐ No  
(If yes, please provide a copy of the letter.)
6. How do you contact the father in case of emergency? \_\_\_\_\_
7. Have you ever received AFDC or TANF for this child in another state? \_\_\_\_\_ ☐ Yes ☐ No  
If yes, complete the following: County, State \_\_\_\_\_ Dates: \_\_\_\_\_
8. If you do not know the whereabouts of the alleged father, please provide the names, addresses and phone numbers of relatives or friends that may know of his location.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Was he ever in jail or prison? ☐ Yes ☐ No  
If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_
10. Is the name on the child's birth certificate different than the child's name listed above? ☐ Yes ☐ No  
If yes, enter the name listed on the child's birth certificate. \_\_\_\_\_
11. What is your current status with the father?  
☐ Never Married ☐ Divorced ☐ Legally Separated ☐ Separated without legal document  
Date married to the father: \_\_\_\_\_ Place of marriage (City/State): \_\_\_\_\_
12. If you have been married, please provide your maiden name. \_\_\_\_\_
13. Please provide your State of birth. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner

IV-D Case:

- ☐ TANF  
☐ IV-E Foster Care  
☐ Medicaid Only  
☐ Former Assistance  
☐ Never Assistance

Respondent

Non-IV-D Case:

☐

FILE STAMP

Responding IV-D Case No. \_\_\_\_\_ Initiating IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_ Initiating Docket No. \_\_\_\_\_

A Separate Affidavit is Required for Each Child Needing Paternity Established

## SECTION I

I, \_\_\_\_\_, on oath, under penalty of perjury depose and allege:

Name (First, Middle, Last)

1. I am the ☐ natural mother of the child named above:  
☐ natural father  
☐ other; explain in Section IV

|  |   |  |
|--|---|--|
| Child's Full Name (First, Middle, Last)        | Child's Date of Birth<br>(Month, Day, Year)   | Place of Birth (City, County, State)               |
| Date Mother Got Pregnant<br>(Month, Day, Year) | Full Term Pregnancy<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No (If No, Explain) | Where Mother Got Pregnant<br>(City, County, State) |
|  |   | Mother's Maiden Name                               |

2. The child was conceived as a result of sexual intercourse between \_\_\_\_\_ and me during the time state above.  
Name (First, Middle, Last)

3. a. A man is named as the father on the child's birth certificate. ☐ Yes (attach certified copy) ☐ No  
If Yes, the man's name and address are:

- b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. ☐ Yes ☐ No  
If Yes, the man's name and address are: Date marriage ended \_\_\_\_\_  
(Month, Day, Year)

- c. A man signed the acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. ☐ Yes (Attach certified copy) ☐ No

- d. A man acted as and presented himself to be the child's father. ☐ Yes ☐ No  
If Yes, the man's name and address are:

- e. Genetic tests were completed to determine the biological father of the child. If Yes, attach results. ☐ Yes ☐ No



**AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY, PAGE 3**

**SECTION III (TO BE COMPLETED BY FATHER ONLY)**

The following facts support my belief and statements that I am the father of this child:

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| a. The mother and I lived together.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: _____ to _____<br>Location: _____         |
| b. The mother told me that I am the father of the child.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| c. I am named as the father on the birth certificate.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| d. I signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| e. I was present at the birth of the child.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| f. I visited the child at the hospital following birth.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| g. I offered to pay abortion expenses.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| h. I offered to pay medical expenses.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| i. I paid for birth related expenses.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| j. I claimed the child on tax returns.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| k. I have provided food, clothing, gifts, or financial support for the child.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| l. I lived with the child.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| m. I visited the child.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| n. The child resembles me. <input type="checkbox"/> Photo attached.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| o. There are witnesses to my relationship with the child's mother.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
- (If yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

**SECTION IV – OTHER PERTINENT INFORMATION** (including detailed explanations for “YES” responses in Section II or Section III above)

☐ Continued on Attached Sheet(s), incorporated by reference

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Sworn to and Signed before me  
this Date, County, and State

\_\_\_\_\_  
Notary Public/Official and Title

\_\_\_\_\_  
Commission Expires